

| SAMPLE CERTIFICATE OF INSURANCE | | | | | | ISSUE DATE (MM/DD/YY) | |
|---|--|---------------|--|---|-------------------------------------|-----------------------|--|
| PRODUCER Insurance agent's name and address CODE SUB-CODE | | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW | | | | |
| INSURED Insured's name and address | | | COMPANIES AFFORDING COVERAGE | | | | |
| | | | COMPANY LETTER A Insurance company's name | | | | |
| | | | COMPANY LETTER B Insurance company's name | | | | |
| | | | COMPANY LETTER C | | | | |
| | | | COMPANY LETTER D | | | | |
| | | | | | COMPANY LETTER E | | |
| COVERAGES | | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | |
| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | ALL LIMITS IN THOUSANDS | | |
| A | GENERAL LIABILITY | ABC 123456 | 01/01/94 | 01/01/95 | GENERAL AGGREGATE \$ 1,000 | | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS-COMPROPS AGGREGATE \$ | | |
| | <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. | | | | PERSONAL & ADVERTISING INJURY \$ | | |
| | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | | | | EACH OCCURRENCE \$ 1,000 | | |
| | | | | | FIRE DAMAGE (Any one fire) \$ | | |
| | | | | | MEDICAL EXPENSE (Any one person) \$ | | |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT \$ | | |
| | <input type="checkbox"/> ANY AUTO | | | | | | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| <input type="checkbox"/> GARAGE LIABILITY | PROPERTY DAMAGE \$ | | | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE \$ AGGREGATE \$ | | |
| | <input type="checkbox"/> | | | | | | |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | | |
| B | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | CBA 654321 | 01/01/94 | 01/01/95 | STATUTORY | | |
| | \$ (EACH ACCIDENT) | | | | | | |
| | \$ (DISEASE - POLICY LIMIT) | | | | | | |
| | \$ (DISEASE - EACH EMPLOYEE) | | | | | | |
| | OTHER | | | | | | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS | | | | | | | |
| Additional Insured Statement - See item 2 on page B of instructions. | | | | | | | |
| CERTIFICATE HOLDER | | | | CANCELLATION | | | |
| County of Orange COUNTY PROPERTY PERMITS Post Office Box 4048 Santa Ana, CA 92702-4048 | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, WITHOUT FURTHER OBLIGATION ON THE PART OF THE COMPANY. THE COMPANY SHALL NOT BE RESPONSIBLE FOR THE LOSS OF THE POLICY IF THE CERTIFICATE HOLDER FAILS TO RETURN THE ORIGINAL POLICY TO THE COMPANY WITHIN THE SPECIFIED TIME FRAME. | | | |
| | | | | AUTHORIZED REPRESENTATIVE | | | |
| | | | | See item 5 on page B of instructions. | | | |
| ACORD 25-S (3/88) | | | | | | | |